



PIPSTREET

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LIPOLINGUISTICS

In little more than ten years the procedure of **Suction Assisted Lipectomy**, more widely recognized as **Liposuction**, has become this country's most commonly undertaken cosmetic surgical procedure, well in excess of one hundred thousand times a year in fact. The appeal of the procedure no doubt is a result of its ability to reshape specific areas of the body which diet and exercise alone do not address, in a way which is affordable and associated with a minimum of discomfort and down time.

Since the emergence of Liposuction, though, the public has become confused by terms such as **Lipoplasty** and **Liposculpture** which imply something more and/or something better than does the term Liposuction. Hopefully this article will clarify that confusion.

The procedure of Liposuction, or what plastic surgeons like to call Suction Assisted Lipectomy, consists, first and foremost, of lipectomy or the removal of fat, but in a very specific way: that is, with the assistance of suction produced either via a "cocked" syringe or a vacuum pump. The procedure was devised some years ago by a French obstetrician/gynecologist, many of whose patients prevailed upon him for a solution to their lower abdominal and outer thigh fat, often secondary to hormonal changes at puberty, pregnancy and menopause. It involves the use of equipment originally employed in "D and C's" to remove, through relatively tiny incisions, the offending localized fat. That equipment consists of a cannula, a blunt-tipped metal tube of various lengths and diameters, perforated in one or more places near its blunt end and connected to a suction source. The cannula is introduced into the area in need of treatment and then moved back and forth in a very methodical way, thereby "blenderizing" the fat with which it comes in contact. As a result, the fat is converted from a gelatinous or cottage cheese con-

sistency to a pudding or creamed soup consistency. The success of the procedure depends not only upon the amount of fat removed and the artistry of the surgeon removing that fat, but also, and even more importantly, upon the ability of the skin of the area treated to contract to the new shape of the fat beneath it. Needless to say, the younger the individual undergoing such a procedure, and consequently the more elastic that individual's skin, the better the result.

In the early 1980's, American plastic surgeons enthusiastically embraced the procedure as a means of recontouring various areas of the body without resorting to surgical procedures involving significant incisions (leading in turn to unsightly, not easily camouflaged scars), blood loss and disability. Not long thereafter, plastic surgeons realized that fat removed by Liposuction could be centrifuged to its purest state and recycled into areas of the body deficient of fat, such as depressed facial scars or facial creases/folds.

Unfortunately, Liposuction is not for everybody. It is not a quick fix for obesity, since, under the best of circumstances, the amount of fat removed, at least in terms of weight, is not that great. Furthermore, obese individuals, particularly extremely obese individuals, are faced not only with a problem of excess fat but also with a problem of severely stretched, generally non-elastic skin. For such individuals a more traditional lipectomy, involving removal of not only fat but also skin, probably is more appropriate.

What of the terms Lipoplasty and Liposculpture? How do they differ from the term Liposuction? Well, they really don't. As plastic surgeons became more adept at the procedure of Liposuction and capable literally of sculpting areas of the body to more desirable appearances by the select removal of fat from here and the introduction of fat into there, they realized that the term Liposuction did not convey adequately the extent and versatility of the procedure it was designed to

identify. Consequently, the terms Lipoplasty (or "reshaping" of fat) and Liposculpture evolved. In essence, all three terms, as well as most plastic surgeons' preference, Suction Assisted Lipectomy, are interchangeable.

For more information about this and other cosmetic and non-cosmetic procedures, please call The Pittsburgh Institute of Plastic Surgery at 1-800-321-7477 or The Plastic Surgery Information Service at 1-800-635-0635.

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